

HOUSING REHABILITATION LOAN PROGRAM - LOAN APPLICANT INFORMATION

Loan Applicant Information	Applicant	Co-Applicant
Name		
Address		
Year Property Purchased		
Telephone Number: Home Work		
Social Security Number		
Driver's License Number		
# Living in Household		
Date of Birth		
INCOME DATA		
Gross Income from Employment (if any)		
Social Security (if any)		
Pension (Name and Amount)		
If Self-Employed: Gross Annual Income minus expenses averaged over past three years ÷ 12		
Other		
TOTAL GROSS MONTHLY INCOME		

Total MONTHLY Housing Cost

Item	Amount	Account Number
1st Mortgage held by:	Payment \$	
Address:	Balance \$	
2nd Mortgage held by:	Payment \$	
Address:	Balance \$	
Monthly Property tax (6 mos. bill ÷6)	\$	
Garbage Service (Monthly)	\$	
Water Service (Monthly	\$	
PG & E (Monthly)	\$	
Property Insurance	\$	
TOTAL MONTHLY HOUSING EXPENSE	\$	

Assets

Account	Applicant	Co-Applicant
Checking Account	Acct. # Balance	Acct. # Balance
	Location:	Location
Savings Account(s)	Acct. # Balance	Acct. # Balance
	Location	Location
Stock Account(s)	Acct. # Balance	Acct. # Balance
TOTAL LIQUID ASSETS	\$	\$

In your opinion what repairs to your dwelling are necessary: (Please ✓ all areas of concern:)

Roofing	Electrical	Int. Painting	Ext. Painting	Dry rot	Plumbing
Termites	Kitchen	Foundation	Insulation	Carpeting	Heating
Gutters/Downspouts	Bath	Other:			

THIS APPLICATION MUST BE SIGNED BY ALL APPLICANTS OR IT CANNOT BE PROCESSED:

Applicant Signature:_____ Date:_____

Co-Applicant Signature:_____ Date:_____ (see reverse) _____